

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014448

STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 290 Primary Registration District No. Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Union		c. CITY OR TOWN Rural Union 0850	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Delpha Robertson		4. DATE OF DEATH Month 4 Day 26 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/22/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Pulaski County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Tom Robertson		13b. MOTHER'S MAIDEN NAME Elizabeth Laymon	
14. NAME OF HUSBAND OR WIFE Sophia Robertson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Delpha Robertson, Dixon, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism DUE TO (b) Mitral stenosis Arteriosclerotic Valve disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4210		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Dixon, Mo.	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 11:30 A. on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 4/27/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/30/1959	
23c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery		23d. LOCATION (City, town, or county) Dixon, Missouri	
24. FUNERAL DIRECTOR Gilbert Funeral Home, Inc., Dixon, Mo.		25. DATE RECD. BY LOCAL REG. 4-30-59	
26. REGISTRAR'S SIGNATURE <i>Paula Mae Anderson</i>		27. DATE SIGNED 4/27/59	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Maurice E. Schierbaum*

..... Licensed Embalmer No. *4505*
P. O. Address *Dixon, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.